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# India: Linking Birth Control to Health Care

By V. JAGDISH

The majority of India's 630 million people live in rural areas. Agriculture is the principal means of livelihood. Most of these people are extremely poor. They get the least of everything, including health care. Very sophisticated institutions and competent modern medical practitioners are abundant in India. However, they are based in urban areas and hence care only for those having access to them.

India's largest and most serious problem is its increasing population. At the present rate of growth, the population will have doubled within the next 33 years. People, particularly in rural areas, have been reluctant to accept birth control programs. The reasons are easy to understand. Many children die young, and villagers cope with that eventuality by having large families. Male children have traditionally been considered to be an asset both in terms of security and social status.

Sanjay Gandhi, former Prime Minister Indira Gandhi's younger son, attempted to attack the population problem using a scheme of incentives and disincentives. Disregarding the reasons for the failure of acceptance of family planning programs, Mr. Gandhi attempted to force not only birth control but even sterilization on the people.

Over seven million people were sterilized over a nine-month period. But Sanjay Gandhi's tactics generated an extraordinary level of resentment. Subsequently, the Congress Party lost much of its traditional support in Northern India and lost the national elections held in the spring. The second massive rejection by the electorate of the Congress Party in the state elections a few days ago is indicative of the damage caused by policies of coercion.

Clearly, Mr. Gandhi's methods have resulted in a severe backlash against family planning programs. The new government had made the high pressure birth control drive a major campaign issue. The president of India at a joint session of the newly elected Parliament stated that compulsion had "caused a major setback to the program, which is vital for the welfare of the nation." He promised that the new government would "pursue family planning vigorously as a wholly voluntary program."

But past experiences with voluntary family planning programs in India indicate the need to integrate family planning and health activities.

At present, health and family planning services in rural India are provided through a network of primary health centers and corresponding sub-centers. One primary health center and its eight sub-centers look after the health needs of nearly 100,000 people. Each primary health center has two physicians and about 30 auxiliary personnel who are distributed between the primary health centers and their sub-centers and are expected to provide a wide range of services.

These include medical care, control of communicable diseases, environmental sanitation measures (for example, sanitary disposal of human excreta) maternal and child health services, family planning services, school health services and health education.

In practice, however, few of these services are offered. Numerous problems have resulted in ineffective and unsatisfactory delivery of health services to rural areas. Thirty health auxiliaries are expected to care for nearly 100,000 people. Such a large population makes it very difficult to provide effective services.

The picture is complicated further by inaccessibility to the health centers. Lack of roads, transportation difficulties and long distances drastically reduce the number of villages that can be provided with health and family planning services. Hence, programs do not have any significant impact on the health conditions in rural areas.

Further, programs of health and family planning are generally independent of each other. Each program has its own auxiliaries, supervisors, administrative and technical staff. There is very little cooperation or coordination between the programs.

The physician in charge of the primary health center, because of the emphasis of his training on the technical sophistication of modern medicine, is unable to understand the importance of preventive medicine and so restricts his activities to the curative services that are provided at the primary health center.

Physicians also find it hard to relate to

officials in charge of development activity in their areas. Consequently, they are not aware of such activities and as a result there is little coordination between health and other rural development programs.

Health center doctors on the other hand complain about the lack of professional and personal facilities available to them and this probably accounts for lack of enthusiasm in their work.

Since their training makes them considerably dependent upon reasonably specialized backup facilities, physicians find it difficult to function with little or no laboratory services.

Primary health centers are allocated an annual sum of about \$900 each for the purchase of drugs. They are, therefore, constantly short of drugs and medical supplies.

It is not surprising, under these circumstances, that health conditions in rural areas are unsatisfactory.

But in the south Indian state of Kerala these problems have been successfully tackled. An easily accessible health system, a high literacy rate and an acceptance of the important role of women in society, has resulted in the decline of death rates. There has been a significant drop in birth rates. This has been achieved despite the fact that Kerala's per capita expenditure on health is lower than in other states of India.

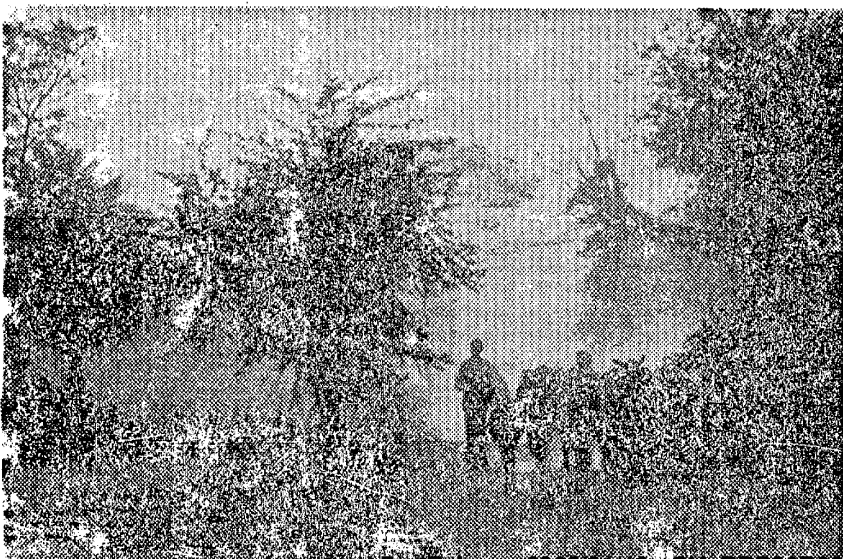
A study commissioned by the Indian government recently showed that villagers expressed dissatisfaction that so many health workers came to their homes. They preferred to have a single worker deliver all health and family planning programs. The government has taken a number of steps to improve rural health services as a result of the study.

Programs of health and family planning are being integrated. As a result, health workers of individual programs have become multi-purpose workers with a single cadre of supervisors. Steps have also been taken to make the training of health workers take into account local conditions and difficulties. It has also been proposed to increase the number of health workers for each primary health center and its subcenters. A governmental commission in 1975 recommended the increase of health workers to one male and one female health worker for a population of 8,000.

Excessive bureaucratization, centralization of decisions in state capitals and lack of community involvement in their health activities are major obstacles in delivering effective health services to rural areas. It is not realistic to expect India to vastly increase its expenditure on health. Hence, it is essential that decentralization of health activities occurs so that individual districts can plan their activities depending upon the local needs. With decentralization should come community involvement in health activities.

The training of minimally educated village workers under the supervision of a health auxiliary and supported by their own community can be the beginning of making health and family planning programs more acceptable to the rural millions.

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# A World No One Wants

*off  
year*

Robert S. McNamara, president of the World Bank, thinks the world has a chance to stabilize its population at a much lower level than foreseen in earlier forecasts.

This is no idle dream. McNamara has outlined the situation as determined by his staff at the World Bank. He has, in addition, outlined a specific program of means through which the nations of the world could act now to curb population growth in the century ahead.

The task is enormous; it would require a big commitment from the rich nations and an acceptance of more equitable development programs for many poor nations. But it is something that McNamara thinks can be achieved; the World Bank already has measured the effectiveness of much that needs to be done.

McNamara outlined his proposals on April 28 in an address to the Massachusetts Institute of Technology.

The world has found in recent decades that economic and social advances provide incentives for having fewer children but are of limited consequence in the absence of accessible contraceptives. And massive birth-control promotions have results that are limited in the absence of social change that motivates the reduction of family sizes.

McNamara attaches a new urgency to the population question at this time because of evidence that birthrates in many developing nations, where population generally has been out of control, are declining. The decline is measurable in 77 of the 88 developing nations for which estimates are available.

If birthrates continue to decline as at present, world population will stabilize late in the next century at about 11 billion. The present population is 4 billion. A world of 11 billion, although stabilized in numbers, would endanger social, political and military stability, according to McNamara. "It is not a world that anyone wants."

But if the rate of decline is accelerated, the world population can be stabilized at a significantly lower level. McNamara outlines the possibility, for example, of 8 billion.

The World Bank, through its development programs, has identified some steps that governments can take to provide the incentive for an acceleration of the birthrate decline:

- Expand basic education, with emphasis on increasing the proportion of girls in schools. Nearly two-thirds of the world's illiterates are females.

- Increase the productivity of farmers with small landholdings and the income of the urban poor.

The World Bank itself, in the last three years, has initiated 210 rural projects calculated to at least double the incomes of 8 million farm families. Populations in Third World cities, increasing at double the national rates, pose a more difficult question that cannot be resolved without attention to the next goal:

- Stress more equitable distribution of incomes and services. The disparity between rich and poor is greater in most developing nations than in rich nations of the world. In poor nations, typically, the richest one-fifth of the population receives more than one-half the national income, the poorest one-fifth receives 5%. In the rural areas, the richest one-fifth of the farmers own 50% to 60% of the cropland—82% in Venezuela. The result is that the lower 40% of the population does not contribute significantly to national income, and does not share equitably in benefits. Where distribution is more equitable, however, as in the state of Kerala in India, in Sri Lanka and in South Korea, fertility is lower, general health better, literacy higher.

- "Above all else, raise the status of women socially, economically and politically," McNamara emphasized. There is a clear coincidence of higher economic performance, lower birthrates, improved health and literacy as the status of women is elevated.

These changes can, and have, proved effective in bringing about a reduction in birthrates, but the change has been significant generally only when combined with an efficient delivery system for contraceptives. There is evidence that these measures will be even more effective as better means of contraception are developed, according to McNamara.

"The requirement for a substantial expansion in reproductive research is obvious," he said. "And yet the field has been so starved for funds in recent years that more than half the approved grant applications for reproductive biological research have simply failed to be financed."

That this has been true in the United States as elsewhere underscores the importance of action and commitment by the rich nations, where that research can best be done, as well as by the poor nations, where that research must be applied.

"We know that eventually the world's population will have to stop growing," McNamara concluded. "That is certain. What is uncertain is how. And when. At what level. And with what result. We who are alive today can determine the answer to those questions. By our action, or inaction, we will shape the world for all generations to come."

# Energy and Resources

THE CHRISTIAN SCIENCE MONITOR

Thursday, May 19, 1977

## Iraqi glum on outlook for North-South accord

By John K. Cooley  
Staff correspondent of  
The Christian Science Monitor

**Baghdad, Iraq**  
"If we could agree in the field of energy, the other issues between the rich and poor countries would take care of themselves," says Iraq's chief delegate to the stalemated North-South [i.e. rich and poor] dialogue in Paris, Awni Shaker.

Mr. Shaker spoke before receiving news that the Western economic summit conference in London had approved the idea of a common world fund to stabilize prices of basic raw materials, an idea the United States had earlier opposed. Iraq had strongly backed the idea of the common fund in its work in UNCTAD, the United Nations Conference on Trade and Development.

Before flying to attend the latest North-South conference sessions in Paris, coinciding with the London economic summit, Mr. Shaker said in an interview here, "Every two or three months we go back to the meetings and we haven't achieved anything at all."

Mr. Shaker, an adviser to Iraqi Oil Minister Tayeh Abdel Karim who is working to end the current system of two oil prices in OPEC (the Organization of Petroleum Exporting Countries), referred to that controversy Iraq and

10 other OPEC members have been vainly trying to overcome Saudi Arabia's insistence on keeping its recent oil price increase to 5 percent.

Most other OPEC members raised their prices 10 percent and have agreed to boost them another 5 percent July 1 before the next regular OPEC conference scheduled in Stockholm July 15.

"We thought the two-price system might evoke some favorable response from the West. It hasn't," Mr. Shaker said.

His reference was to Saudi Arabian Oil Minister Ahmed Zaki Yamani's statements last December. Mr. Yamani urged that the U.S. should show appreciation for lower Saudi and United Arab Emirates (UAE) oil prices by pressing Israel for a Middle East solution satisfactory to the Arabs, and by showing more sympathy for developing and poorer countries in the North-South talks.

Mr. Shaker did not belabor this point. Iraq has consistently regarded with great skepticism the recent moves by Egypt and Syria to support U.S. President Carter's search for a Mideast peace. The Iraqi regime of President Ahmed Hassan al-Bakr does not believe the U.S. will ever be willing to pressure Israel into quitting occupied Arab territory, or in agreeing

to the return of Palestinians to their former homes.

Mr. Shaker said the last North-South talks sessions in Paris "yielded nothing important at all, and both sides had stopped talking to one another until the Venezuelans arranged a private gathering.

"We had hoped," he said, "the U.S. would show some flexibility, but mostly they discussed trivial details like the price of jute, and avoided any contact with the real issues.

Venezuelan President Carlos Andres Perez ended a recent Mideast tour in Baghdad earlier this month. He had tried to mediate the OPEC price differences, but failed, as did the state of Qatar earlier.

Reports from Saudi Arabia indicate the Saudis will do nothing to modify their price stand until they see whether the visit to Saudi Crown Prince Fahd to President Carter in Washington, expected in May or June, yields any positive progress toward Arab-Israeli peace.

Another Iraqi specialist, Abdel Moneim Othman of the Iraqi Trade Ministry, agreed in an interview that the North-South dialogue had been "almost useless so far, without agreement even on the agenda, let alone principles."

THE ECONOMIST MAY 14, 1977

### Iraq

## Stop, go

FROM OUR LEVANT CORRESPONDENT

*Baghdad*

The cranes, which have been looming, immobilised, over half-finished buildings all over Baghdad are moving again, or at least some of them are. Iraq's Baathist rulers have staked their political future on economic success and the financial brakes that were applied to most projects a year ago have been taken off—if only very cautiously.

Iraq is now implementing its five-year development plan in annual segments, sometimes even in three month bits. One of the reasons for this is that the Iraqis think that it gives them greater control over foreign contractors: they were infuriated to discover that one of the new tenders on a previously cancelled project was half the original offer. Transport bottlenecks have been reduced but the shortage of semi-skilled labour still causes difficulties. Cement also is in short supply but local production is expected to double by the end of 1978.

Planning is less exacting these days. But money is still tight because

Iraq's insistence on a 10% increase in its oil price produced a net reduction in revenue: output fell from an average of 2.6m barrels a day in 1976 to 1.7m in January, though it may have risen again to 1.9m by now.

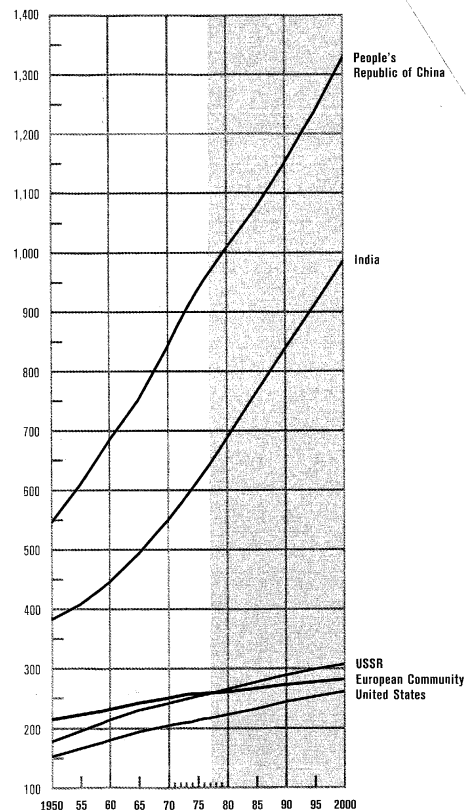
The enforced pause in development has produced some radical rethinking about planning strategy as well as priorities. On April 14th, Iraq's strong man, Saddam Hussein, said "We shall not deviate from the path of socialism, either now or in the future" but then added, "If we discover that the people despise one of the forms of socialist application then we shall turn away from it". He said this after discovering for himself how centralised planning affected the ordinary worker. He selected half a dozen artisans to report directly to him on how they obtained their equipment and raw materials and

was enraged with their tales of erratic shortages and bureaucratic delays.

Iraqi socialism has taken a pragmatic turn. Yet the usual third world bias in favour of heavy industry over agriculture continues: industry will receive 47% of this year's investment programme, agriculture 17%. Iraq's leaders admit that agriculture is in a bad way with the output of most crops steadily falling. But they have not yet found a solution, or a way of stopping the industry-induced exodus from farm to factory. Some people have proposed the consolidation of farming units into mechanised state farms or collectives. But collectivisation tends to reduce incentive and output, and mechanised farming is still too complicated a business for most Iraqi farmers. For the moment the government is pushing the expansion of co-operatives as a compromise.

# ESTIMATED AND PROJECTED POPULATIONS OF SELECTED COUNTRIES OF THE WORLD<sup>1</sup>

	Midyear Population in Millions																			
Country	1950	1955	1960	1965	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1985	1990	1995	2000	
Selected developed countries																				
European Community countries .....	215.8	223.0	232.4	243.5	251.6	253.4	255.0	256.7	257.8	258.5	258.8	259.8	260.7	261.6	262.5	267.6	272.8	277.8	282.7	
Belgium .....	8.6	8.9	9.2	9.5	9.7	9.7	9.7	9.7	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	9.8	
Denmark .....	4.3	4.4	4.6	4.8	4.9	5.0	5.0	5.0	5.0	5.1	5.1	5.1	5.1	5.1	5.1	5.2	5.2	5.3	5.3	
Federal Republic of Germany <sup>2</sup> .....	50.0	52.4	55.4	58.6	60.7	61.3	61.7	62.0	62.0	61.8	61.5	61.6	61.7	61.7	61.8	62.0	62.3	62.6	62.9	
France .....	41.8	43.4	45.7	48.8	50.8	51.3	51.7	52.2	52.6	52.8	52.9	53.3	53.6	54.0	54.3	55.9	57.4	58.7	60.1	
Ireland .....	3.0	2.9	2.8	2.9	3.0	3.0	3.0	3.1	3.1	3.1	3.2	3.2	3.2	3.2	3.2	3.4	3.5	3.6	3.8	
Italy .....	47.1	48.7	50.3	52.0	53.7	54.0	54.3	54.9	55.4	55.8	56.2	56.6	57.0	57.4	57.8	59.9	62.1	64.3	66.6	
Luxembourg .....	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	
Netherlands .....	10.1	10.8	11.5	12.3	13.0	13.2	13.3	13.4	13.5	13.7	13.8	13.9	14.0	14.1	14.2	14.6	15.0	15.3	15.5	
United Kingdom .....	50.6	51.2	52.6	54.4	55.5	55.7	55.9	56.0	56.1	56.0	56.0	56.0	55.9	55.9	55.9	56.5	57.2	57.7	58.2	
Other developed countries																				
Australia .....	8.2	9.2	10.3	11.4	12.5	12.8	13.0	13.1	13.3	13.5	13.6	13.9	14.1	14.3	14.5	15.7	16.7	17.8	18.9	
Canada .....	13.7	15.7	17.9	19.7	21.3	21.6	21.8	22.1	22.5	22.8	23.1	23.4	23.8	24.1	24.4	26.2	27.9	29.4	30.8	
Japan .....	83.8	89.8	94.1	98.9	104.3	105.7	107.2	108.7	110.2	111.6	112.8	114.1	115.4	116.7	118.0	123.3	127.6	131.4	135.2	
Sweden .....	7.0	7.3	7.5	7.7	8.0	8.1	8.1	8.1	8.2	8.2	8.2	8.2	8.3	8.3	8.3	8.4	8.4	8.4	8.5	
United States .....	152.3	165.9	180.7	194.3	204.9	207.1	208.8	210.4	211.9	213.5	215.1	216.7	218.7	220.7	222.8	234.1	245.1	254.5	262.5	
Communist countries																				
CEMA <sup>3</sup> countries .....	275.1	296.2	318.8	339.6	355.6	358.7	361.9	364.9	368.2	371.4	374.7	378.0	381.4	384.8	388.3	406.7	421.3	435.4	448.7	
Bulgaria .....	7.3	7.5	7.9	8.2	8.5	8.5	8.6	8.6	8.7	8.7	8.8	8.9	8.9	9.0	9.0	9.3	9.5	9.7	9.9	
Cuba .....	5.8	6.3	7.0	7.8	8.6	8.7	8.9	9.0	9.2	9.3	9.5	9.6	9.8	10.0	10.1	11.0	11.9	12.9	13.8	
Czechoslovakia .....	12.4	13.1	13.7	14.1	14.3	14.4	14.5	14.6	14.7	14.8	14.9	15.0	15.2	15.3	15.4	15.9	16.3	16.7	17.2	
German Democratic Republic .....	18.4	17.8	17.1	17.0	17.1	17.1	17.0	17.0	16.9	16.9	16.8	16.8	16.8	16.8	16.7	16.7	16.8	16.9	16.9	
Hungary .....	9.8	9.8	10.0	10.2	10.3	10.4	10.4	10.4	10.5	10.5	10.6	10.7	10.7	10.8	10.8	11.0	11.2	11.3	11.5	
Mongolia .....	0.8	0.8	1.0	1.1	1.2	1.3	1.3	1.4	1.4	1.4	1.5	1.5	1.6	1.6	1.7	2.0	2.3	2.7	3.1	
Poland .....	24.8	27.3	29.6	31.3	32.5	32.8	33.1	33.4	33.7	34.0	34.4	34.8	35.1	35.5	35.9	37.7	39.2	40.5	41.8	
Romania .....	16.3	17.3	18.4	19.0	20.3	20.5	20.7	20.8	21.0	21.2	21.5	21.7	21.9	22.1	22.3	23.1	23.9	24.8	25.6	
USSR .....	180.1	196.2	214.3	230.9	242.8	245.1	247.5	249.7	252.1	254.4	256.7	259.0	261.4	263.8	266.3	280.0	290.2	300.0	308.9	
Other Communist countries																				
Albania .....	1.2	1.4	1.6	1.9	2.1	2.2	2.2	2.3	2.4	2.4	2.5	2.5	2.6	2.7	2.7	3.1	3.4	3.8	4.2	
North Korea .....	9.2	9.0	10.6	12.2	14.2	14.6	15.1	15.5	16.0	16.5	17.0	17.6	18.1	18.7	19.3	22.6	26.5	30.8	35.8	
People's Republic of China .....	547.0	610.2	682.1	750.4	840.1	859.9	879.5	898.7	917.3	934.6	950.7	965.9	980.4	994.3	1,007.9	1,076.0	1,151.7	1,237.0	1,328.6	
<i>High series</i> <sup>4</sup> .....	610	688	767	868	890	912	934	956	978	999	1,019	1,037	1,055	1,071	1,085	1,151	1,211	1,248	1,286	
<i>Low series</i> <sup>4</sup> .....	610	677	733	812	829	846	862	876	889	900	909	919	928	938	948	1,051	1,113	1,176	1,176	
Yugoslavia .....	16.3	17.5	18.4	19.4	20.4	20.6	20.8	21.0	21.2	21.4	21.6	21.8	22.0	22.2	22.4	23.4	24.3	25.3	26.1	
Selected developing countries																				
Brazil .....	52.3	60.6	70.3	80.7	92.5	95.2	97.8	100.6	103.4	106.2	109.2	112.3	115.4	118.7	122.1	139.9	159.5	180.9	203.9	
Egypt .....	20.5	23.0	25.9	29.4	33.3	34.1	34.8	35.6	36.4	37.2	38.1	39.0	39.9	40.8	41.7	46.7	52.0	57.7	63.7	
India .....	381.8	407.9	444.5	492.1	549.9	562.1	574.5	587.2	600.4	614.0	627.9	642.1	656.6	671.4	686.4	763.0	838.1	910.9	984.4	
Indonesia .....	77.1	85.0	94.8	104.9	116.8	119.4	122.3	125.2	128.2	131.3	134.3	137.5	140.7	144.0	147.4	166.6	186.3	206.0	224.7	
Mexico .....	26.3	30.6	36.0	42.7	50.7	52.5	54.3	56.2	58.1	60.1	62.3	64.4	66.6	68.8	71.1	83.9	98.6	115.0	133.1	
Philippines .....	20.3	23.6	27.4	31.8	36.9	37.9	39.0	40.1	41.3	42.5	43.8	45.0	46.4	47.7	49.1	56.7	65.0	73.9	83.4	
South Korea .....	20.4	21.4	24.7	28.3	31.3	31.9	32.5	33.2	33.8	34.5	35.2	35.9	36.6	37.3	38.0	41.9	45.8	49.4	52.7	
Turkey .....	20.8	23.9	27.5	31.2	35.3	36.2	37.1	38.0	38.9	39.9	40.9	42.0	43.1	44.2	45.3	51.5	58.4	65.5	72.1	



<sup>1</sup> These data have been agreed to by interested agencies of the US Government as representing reasonable estimates for past dates and reasonable projections for future dates. Because of rounding, components may not add to the totals shown. The figures have been prepared by the Bureau of Economic Analysis, US Department of Commerce, and any questions on sources and methods should be directed to the Chief, Foreign Demographic Analysis Division, phone: 376-7092.

<sup>2</sup> Including West Berlin.

<sup>3</sup> Council for Mutual Economic Assistance.

<sup>4</sup> These alternative series, which incorporate extreme assumptions for levels of fertility and mortality, illustrate the possible range of error for countries characterized by anomalies in census or vital registration data, or because no recent data are available. Moreover, none of the PRC series allows for error in the base population total (1950), which may be considerable and probably tends toward underrepresentation.